•	PATENT	APPLICATION Effect		10-	76	. T ·	- 232	•							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			22		i ·] ·	RATE	F	EE	7	RATE	FEE		
FOR .			NUMBER FILED		NUMBER EXTRA		1	BASIC F	EE 38	35.00	OR	BASIC FEE	770.00		
TO	TAL CHARGE	ABLE CLAIMS	22 minus 20=		. 2		1	X\$ 9:	_			X\$18=	24		
IN	DEPENDENT C	LAIMS	4 minus 3 =						╅		OR		36		
MULTIPLE DEPENDENT CLAIM PRESENT						· _		X43=			OR	X86≑	86		
							1	+145=	=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	892		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	17-00	(Column 1) CLAIMS		(Colun		(Column 3)	1	SMAL		DI-	OR 1	SMALL	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIO	NAL EE		RATE	TIONAL FEE		
	Total	• 18	Minus	_ 2	2	- /		X\$ 9=	- [OR	X\$18=	. /		
	Independent	. 3	Minus	*** 4	4	-		X43=			OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+145=			OR	+290=			
							L	TOTA	-		OR	TOTAL ADDIT. FEE			
	•	(Column 1)		(Colum	ท 2)	(Column 3)	_	1 0011. FE	- I						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIO	DI- NAL E		RATE	ADDI- TIONAL FEE		
	Total	• .	Minus	**	•	-]]	X\$ 9=			OR	X\$18=			
	Independent	•	Minus	***		= .	1	X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=			
											OR ,	TOTAL UDIT. FEE			
(Column 1) (Column 2) (Column 3)								. •					•		
MEN		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	AD TION FE	VAL		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		= .	lΓ	X\$ 9=			OR	X\$18=			
	Independent	•	Minus	•••		=		X43=		\neg	: F	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=				
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE				
ī	he *Highest Num	bet Previously Paid	For (Total or	Independen	t) is the	highest numbe	r foun	d in the a	ppropria	te box	in colu	mn 1.			

Application or Docket Number